

# **Applied Resolutions LLC**

**An Independent Review Organization**

**Phone Number:**  
**(817) 405-3524**

**900 N Walnut Creek Suite 100 PMB 290**  
**Mansfield, TX 76063**

**Email: [appliedresolutions@irosolutions.com](mailto:appliedresolutions@irosolutions.com)**

**Fax Number:**  
**(817) 385-9609**

## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 10/09/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology

### **Description of the service or services in dispute:**

L3/4, L4/5 lumbar facet rhizotomy

**Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:**

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

### **Patient Clinical History (Summary)**

The patient is a male whose date of injury is xx/xx/xx. The patient was xxxxxx when he bent down on one knee and felt a pop in his lower back. The patient has a history of discectomy in 2004 and underwent fusion and L5-S1 hardware implant on 08/07/13. The patient underwent lumbar spinal nerve root injection of right L4 and L5 on 04/09/14. The patient underwent lumbar facet blocks on the right at L4-5 and L5-S1 on 05/27/14 with 50% improvement. The patient underwent spinal cord stimulator trial on 10/16/14. The patient reported 20% improvement. The patient underwent lumbar facet blocks of L3-4 and L4-5 on the right on 07/07/15 and on the left on 07/08/15. Office visit note dated 09/18/15 indicates that the patient complains of intermittent, intense, annoying, stabbing, pins and needles sensation pain rated as 7-10/10. The patient underwent left sided diagnostic facet block at L3, L4 and L5 on 07/08/15 and reported 70% improvement for 4 days. On physical examination deep tendon reflexes are normal in the lower extremities. There is right greater than left tenderness over the facets at L2-3, L3-4 and L4-5. Straight leg raising is positive bilaterally.

Initial request for L3-4, L4-5 lumbar facet rhizotomy was non-certified on 08/06/15 noting that the Official Disability Guidelines regarding facet joint radiofrequency neurotomy notes that this procedure is under study. Additionally, the patient did not receive sustained relief from the previous procedure. The denial was upheld on appeal dated 08/28/15 noting that the patient is status post medial branch block of the left side with reports of 70% of pain benefit. However, there is no report indicating duration of benefit. Also, there is no report regarding right sided facet joint medial branch blocks to support the requested right sided rhizotomy as within guideline criteria.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient sustained injuries as a result of bending over on. The patient underwent bilateral diagnostic medial branch blocks at L3-4 and L4-5 in July 2015 and reported 70% pain relief for 4 days. The Official Disability Guidelines require one set of diagnostic medial branch blocks with a response of at least 70%. The pain response should last at least 2 hours for Lidocaine. Given that the patient has undergone bilateral

diagnostic medial branch blocks with 70% pain relief, medical necessity for rhizotomy is established in accordance with the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for L3-4, L4-5 lumbar facet rhizotomy is recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)